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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2011

							Employer identification number				
SPIRITIST GROUP LOVE		the Canal (All annual)				<u></u>	41000	22-379			
		ity Status (All organ						nstruction	15.		
2 A school descri	ention of church ibed in section	nes, or association of 170(b)(1)(A)(ii). (Attac	churches ch Schedu	describe	ed in sect	ion 170(b)(1)(A)(i)) .			
4 A medical research	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5 An organization section 170(b)	n operated for t (1)(A)(iv). (Comp		ge or univ	ersity ov	wned or d	perated	by a gov	vernmenta	il unit d	escrib	ed in
7 An organization	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8 A community to	rust described in	section 170(b)(1)(A))(vi). (Con	nplete Pa	rt II.)						
9 An organization receipts from a support from	n that normally activities related gross investmen	receives: (1) more that I to its exempt funct Int income and unrel fter June 30, 1975. Se	an 331/3% ions—sub lated bus	of its su pject to d iness ta	ipport fro certain_ex xable inc	ome (les	s, and (2) ssjsectioi	no more.	than 3	31/3%	of its
purposes of or	n organized an ne or more pub	operated exclusively d operated exclusive licly supported organ describes the type of	ely for th	e benefit described	t of, to p	oerform to on 509(a	the funct 1)(1) or se	ions of, c ection 509	(a)(2) S		
other than four or section 509(f If the organization, classification) g Since August following person	ndation manage a)(2). Ition received a heck this box . 17, 2006, has thons?	that the organization rs and other than one written determinated	e or more on from t . oted any	ntrolled d publicly he IRS t gift or co	lirectly or supports that it is ontributio	indirectly od organical Type	Izations of I. Type I	or more diescribed	in sections and sections and sections and sections and sections are sections and sections and sections are sections and sections are sections and sections are se	ed per on 509	rsons 9(a)(1)
(i) A person w	tho directly or in	ndirectly controls, eiti	her alone	or toget	her with (oersons	described	d in (II) and	d	Yes	No
		dy of the supported	-			•			11g(ı)		
		on described in (i) abo							11g(ii	+	<u> </u>
		a person described in							11g(11)	1	L
organization (c		(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(Iv) is the organization in col. (I) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) is the organization in col (i) organized in the U.S.?		-	mount o	of
	 -		Yes	No	Yes	No	Yes	No			
(A)											0
(B)											0
(C)											0
(D)											0
(E)											0
Total	<u> </u>			-	h =	:					0

Page 2 Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(ZM1)941-47M9

	(Complete only if you checked the Part III. If the organization fails to						lify under	
Section	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					0	0	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge.					o	0	
4	Total. Add lines 1 through 3.							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
·- e	Public support. Subtract line 5 from line 4		A Secretary of the second	第		With the same		
	on B. Total Support	3 2 4 ATA 1	ئنترجيك					
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4	<u> </u>	(5) 2000	(0) 2000	(4) 23.3	0	0	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					,	_ 0	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•	•		, 3 5	12	0	
13	First five years. If the Form 990 is for the organization, check this box and stop he		on's first, secon	ia, inira, iourir	n, or πππ tax y	ear as a section	1 501(0)(3)	
Secti	on C. Computation of Public Suppo		ne .	· · · · ·		· · · · ·	<u></u>	
14	Public support percentage for 2011 (line			11. column (fi)		14	0 %	
15	Public support percentage from 2010 Sc.					15	0 %	
16a	331/3% support test-2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this							
_	box and stop here. The organization qua						_	
D	b 331/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
b 18	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
	instructions		<u> </u>		<u> </u>	<u> </u>	. 🕨 🗌	

Schedule A (Form 980 or 990-EZ) 2011

Page 3

Part					_	-		
	(Complete only if you checked the						er Part II.	
	If the organization fails to qualify	under the te	sts listed beli	ow, please co	mplete Part I	11.)		
	on A. Public Support	,						
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					0	0	
2	Gross receipts from admissions, merchandise							
sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0	0	
3	Gross receipts from activities that are not an unrelated trade or business under section 513					0	0	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge.					0	0	
6	Total. Add lines 1 through 5.	[0	0	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0		0	0			
. h	Amounts included on lines 2 and 3							
D.	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	a Table and make the C			* MA CAMPAGAGA			
	_	<u> </u>	ļ <u>-</u>			0	0	
8 8	Add lines 7a and 7b	0		0	0	المراجعة الم	0	
•	line 6.)		P		4 4	المراجعة الم		
Sect	ion B. Total Support	12 × 1 1 1 1 1	1 (AL -1]. `	<u> </u>	1 "77"		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
9	Amounts from line 6	0	0		0	0 2011	0	
10a	Gross income from interest, dividends,	<u>-</u>		 			<u>_</u>	
100	payments received on securities loans, rents, royalties and income from similar sources	٥	0	o	o		0	
ь	Unrelated business taxable income (less							
	section 511 taxes) from businesses acquired after June 30, 1975					0	۵	
С	Add lines 10a and 10b	0	0	0	0	0	0	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
40				0	0	0	0	
12	Other income. Do not include gain or loss from the sale of capital assets							
12	(Explain in Part IV.)	0	0	0	0	0		
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	o	0	0	0	
14	First five years. If the Form 990 is for the			d, third, fourth	, or fifth tax ye	ear as a section		
Saak	organization, check this box and stop he ion C. Computation of Public Support		<u> </u>			 	· · · •	
15	Public support percentage for 2011 (line			(0)				
		15	0 %					
16 Secti	Public support percentage from 2010 Sci ion D. Computation of Investment In	COMP POTCO	ntage	· · · · · · · · · · · · · · · · · · · 	 	16	0 %	
17	Investment income percentage for 2011 (v line 13 colus	mp (0)	17	0.04	
18		18	0 %					
19a								
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
ь	331n% support tests - 2010. If the organiz	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3:	31/3%, and	
	line 18 is not more than 331/2%, check this	box and stop h	ere. The organ	ization qualifies	as a publicly si	upported organi	zation 🕨 🥅	
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instruc	tions > 🗀	

0425830663 July 24, 2012 LTR 2695C 0 R 22-3792976 201112 67 00021379

TO: 18016206607

SPIRITIST GROUP LOVE AND LIGHT 95-111 NJ RAILROAD AVE NEWARK NJ 07105

LCHYMHATC FINDLE FOR SELECTION OF THE



DECLARATION

035251

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part, of that return.

Signature of officer or trustee